

**INSURANCE TAX RETURN****Life and Accident and Health Companies**

State Form 6136 (R7 / 8/94)

Approved by State board of Accounts, 1991

NAIC Number (5 digits)

Federal Identification Number

Calendar year Ended

COMPANY INFORMATION

Company Name

Address (Street, City, and State)

Zip Code

State of Incorporation

Date of Incorporation

INSTRUCTIONS

1. The Return, which must be typewritten, pertains to Indiana business during the twelve-month period ending December 31. The Return is due on or before **March 1** and will be **delinquent** after that date.
2. The amount due should be calculated and a check payable to the Indiana Department of Insurance prepared for the amount shown on page 2, line 22 of this return. If preparing multiple returns for the Indiana Department of Insurance, a separate check must be prepared for **each** company.
3. The retaliatory portion, page 2, column 2, is to be completed as if your company was an Indiana company completing the form for your state of incorporation. **Deductions may be made only if your domiciliary state allows such deductions for similar Indiana Companies.**
4. Please refer to Indiana Insurance Code 27-1-18-2 for Gross Premium Privilege Tax, and 27-1-20-12 for Retaliatory Provisions. The code is available on Indiana's web site (www.state.in.us/legislative/ic/code/).
5. Attach a completed copy of the Indiana Business page from the Company's Annual Statement to this return and payment.
6. **Do not include the Return with any other filing or Insurance Department Correspondence.** If filing Returns for multiple companies within a holding company, a return for each company must be prepared and mailed separately. Each Return with original signatures, photocopies are not acceptable, and separate check must be mailed to the following address:

**INDIANA DEPARTMENT OF INSURANCE
POST OFFICE BOX 577
INDIANAPOLIS, INDIANA 46206-0577**

PREPARER INFORMATION

Name of preparer or contact person

Telephone number
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LIFE AND ACCIDENT AND HEALTH INSURANCE COMPANIES		
Company:		Indiana Premium Tax Statement for Year_____
		Column - 1 Column – 2
PREMIUM & ANNUITY CONSIDERATIONS		Indiana Basis State of Incorporation Basis
1. Life insurance premium (column 6, Indiana State Page of Annual Statement)		\$ \$
2. Annuity considerations (column 6, Indiana State Page of Annual Statement)		XXXXXXX
3. Accident, health and hospitalization premium (column 2, Indiana State Page of Annual Statement)		
4. Reinsurance premiums received on risks located in Indiana		
5. Total Premium and Annuity Considerations (Lines 1 – 4)		
DEDUCTIONS		
6. Dividends to policyholders permitted by IC 27-1-18-2		
7. Considerations received for reinsurance of risks within this State from companies authorized to transact business in this State		
8. Other (identify)		
9. Total Deductions		
10. Net taxable insurance premiums, line 5 minus line 9		
11. Domiciliary premium tax rate of _____ % x Column 2, line 10 (1.8% for Indiana x Column 1, line 10)		
12.		
13.		
14.		
15. Totals (lines 11 thorough 14)		
16. Retaliatory tax due - enter difference between Columns (1) and (2) of line 15 if Column (2) amount exceeds Column (1); otherwise enter '0'. (See notes 1 and 2 below)		
17. Sub-total tax (column 1 line 15, plus line 16) less :		
18. Indiana Life and Health Guaranty Association Assessments, credit limited to 20 % of assessment paid. See IC 27-8-8-16 (Proof of payment must be attached)		
A. Comprehensive Health Assessment (Proof of payment must be attached)		
19. Total (line 17 less lines 18 and 18A)		
20. Overpayment prior year, not refunded		
21. Estimated tax paid:		
April 15	\$	
June 15		
September 15		
December 15		
22. NET TAX DUE (line 19 less lines 20 and 21)		
<p>Note 1: Enter and describe other taxes imposed by your state of domicile. Attach completed copies of all state tax returns required by your state of domicile using Indiana premiums in calculations prepared on the basis of what an Indiana company would pay your state including assessments.</p> <p>Note 2: Enter other assessments made by your state of domicile against Indiana companies for which premium tax credit is not given. To be included are assessments such as Fraud Bureau, funding of specialized insurance department services, insurance general operating maintenance expense assessments, etc., show calculations where needed.</p> <p>The undersigned Treasurer of being first duly sworn upon his/her oath says that this return (including any accompanying schedules and statements) is to the best of his/her knowledge a true, correct and complete statement of the information called for and that proper care has been taken in the preparation of this Return.</p>		
State of _____ } SS:		Signature of Treasurer
County of _____		Signature of Notary Public
Date subscribed and sworn to Notary Public		Printed or typed name of Notary Public
Date Commission expires		County of residence